

STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL PRACTICES COMMISSION
COVER PAGEDate Received
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MAR 04 2013



Please type or print in ink.

NAME OF FILER

(LAST)

13 APR -8 PM 12:44 (FIRST)

ATKIN

RUTH

CITY CLERK
CITY OF EMERYVILLE

1. Office, Agency, or Court

Agency Name

CITY OF EMERYVILLE

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

COUNCILMEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: Emeryville Housing CommitteePosition: committee member

2. Jurisdiction of Office (Check at least one box)

☐ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☒ City of EMERYVILLE☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.☐ Leaving Office: Date Left ____/____/_____
(Check one)

-or-

The period covered is ____/____/_____, through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.☐ Assuming Office: Date assumed ____/____/_____
The period covered is ____/____/_____, through the date of leaving office.☐ The period covered is ____/____/_____, through the date of leaving office.☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2☐ Schedule A-1 - Investments - schedule attached☒ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☐ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5.

I have used all reasonable diligence in preparing this statement. I affirm that the information provided herein and in any attached schedules is true and complete. I acknowledge that I am responsible for the accuracy of the information provided.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

2/27/13

(month, day, year)

(File the originally signed statement with your filing official.)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
 Ruth Atkin

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

NAME OF LENDER* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <div style="text-align: right;"><i>Street address</i></div> <div style="text-align: right;">_____ <i>City</i></div> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <div style="text-align: right;"><i>(Describe)</i></div>
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FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov